those referred to by Dr. Fisher, the disease developed much later in life than in this case. The patient had the characteristic clonic movements and the peculiar gait, but there was no disturbance of speech. In the case shown by Dr. Starr there were certain symptoms which were not usually present in Huntington's chorea; there was a distinct tremor of the limbs and tonic movements of the muscles which suggested a spastic tic. On the whole, however, he thought it could be classed as a case of hereditary chorea of the Huntington type.

A CASE FOR DIAGNOSIS

By Edward D. Fisher, M.D.

The patient was a man, 45 years old, who for the past three years had noticed a gradual weakening of the right side of the body, especially involving the hand and arm, and later the leg on the corresponding side. Accompanying this loss of power there was an excessive intentional tremor affecting the muscles of the right hand and arm. The speaker said he was first inclined to regard the case as a slowly progressive lesion of the crus cerebri, but an examination of the left arm showed a distinct wasting of the muscles below the elbow, especially involving the intrinsic muscles of the hand, with considerable loss of power. This condition, according to the statement made by the patient, was of much longer standing than that on the right side. The patient denied syphilis. The pupils showed some irregularity; the reflexes were exaggerated; there was no change in the electrical responses; no disturbance of speech; no nystagmus. Dr. Fisher thought the case was possibly an irregular type of amyotrophic lateral sclerosis.

Dr. Starr called attention to the fact that the atrophy of the left arm as well as the contracture of the fingers pointed to a lesion of the ulnar nerve on that side.

Dr. Frederick Peterson said the case shown by Dr. Fisher reminded him somewhat of the condition known among the French and German writers as Benedikt's syndrome, which consists of a hemiplegia on one side, with clonic spasm or tremor and oculomotor paralysis of the opposite side. The condition had been described by Oppenheim and Charcot under the name of Benedikt's symptom-complex or syndrone.

NERVE BRIDGING, WITH REPORT OF A SUCCESSFUL CASE

By Alfred S. Taylor, M.D., and L. Pierce Clark, M.D.

The patient was a child upon whom the operation of nerve bridging for brachial birth palsy had been done two years and eight months ago. At the time of the operation the child was eleven months old and had complete paralysis of the left arm as the result of a rupture of the brachial plexus. Upon operation, it was found that the distal portion of the nerves could not be brought into apposition with the nerves as they emerged from the spinal foramen, and nerve bridging had to be resorted to over a space of 2 cm. Six months after the operation, a certain amount of motion was noticed in the triceps and the pectoralis major, and the fingers showed the redness that was characteristic of trophic changes. Eleven months after the operation there was considerable motion in the arm, and the trophic disturbances had nearly disappeared. At the expiration of two years and four months the child was able to raise the arm, and since October, 1907, the increase in the degree of motion in the muscles of the affected extremity had been very marked. The child could now bend the elbow, and had fairly satisfactory use of an arm which was at one time absolutely palsied.

Dr. J. Ramsay Hunt said that in one case of attempted nerve bridging that had come under his observation, in a child aged 20 months, the wound unfortunately became infected, suppurating for several weeks, and the arm was left in a worse condition than before the operation.

A NEW PLATE FOR DEFECT IN SKULL

By Charles A. Elsberg, M.D. (By invitation)

The patient was a boy of ten years who was admitted to Mt. Sinai Hospital on May 22, 1907, with the history that half an hour before admission he had fallen out of a second story window. He was brought to the hospital in a semi-conscious condition, with tonic and clonic convulsions of the right side of the face and of the right upper extremity. There was a large hematoma in the left parietal region. At the operation, which was done by Dr. Howard Lilienthal, there was found a depressed fracture, with considerable splintering of the fragments and an irregular fissured fracture running across the median line to the right parietal region. A large amount of bone had to be removed. There was an extensive extra-dural blood clot. Forty-eight hours after the operation there was complete paralysis of the right side of the body. In the belief that there was blood underneath the dura, the boy was again anesthetized, the wound reopened and the dura incised. A very profuse hemorrhage followed, which could only be controlled by tight packing with gauze. The patient recovered from this operation after a long and complicated convalescence, and was finally left with a large defect of the skull. There was a depression so large and deep that the greater part of the closed adult fist could be inserted into it. The deformity was a very ungainly one, and the parents of the child were anxious to have something done to remedy it.

On August 26, 1907, Dr. Elsberg made a large flap over the defect in the skull, turned down the skin and inserted an aluminum plate of his own design. The result was a very satisfactory one. The wound was entirely closed and healed by primary union. The boy was discharged cured on September 21. The splint employed in this case was made of aluminum, which could be cut into the shape desired without trouble. The plate had a number of arms which could be cut off at different lengths to fit into the irregular defect. The ends of the arms were split longitudinally for a short distance and one part of the arm then bent downwards. The entire plate was then bent to conform to the general shape of the skull. When in place, one part of the extremity of the arm rested on the outer surface of the skull along the edge of the defect; the other part rested against the cut edge of the skull along the margins of the defect. The plate was kept in position by a few catgut sutures which attached the horizontal part of the extremity of each arm to the periosteum. The advantages of this plate were the following: It formed a perfect arch, and the more pressure was